

FILED AUG 26 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26934

BIRTH NO. _____		REG. DIST. NO. 195		PRIMARY REG. DIST. NO. 5706		Registrar's No. 67			
1. PLACE OF DEATH a. COUNTY McDonald				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY McDonald					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Anderson Rt. 2		c. LENGTH OF STAY (in this place) 12 years		c. CITY OR TOWN Anderson		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) Rt. # 2					
3. NAME OF DECEASED (Type or Print) Otto				a. (First) b. (Middle) c. (Last) McKinstry		4. DATE OF DEATH (Month) (Day) (Year) August 16, 1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 14, 1902			
9. AGE (In years last birthday) 53		10. UNDER 1 YEAR Months 7		11. BIRTHPLACE (City and State or Foreign Country) Ann, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Charles McKinstry				13b. MOTHER'S MAIDEN NAME Ann Maxy		14. NAME OF HUSBAND OR WIFE Ruth Mayfield McKinstry			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 11/5/19 8/10/21				16. SOCIAL SECURITY NO. 509-09-1563		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth McKinstry Anderson, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) Coronary Thrombus DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 17 minutes	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from No Previous Attendance, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:05 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) H. B. Smith, M.D.				23b. ADDRESS Anderson Missouri		23c. DATE SIGNED 8/17/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Curial		24b. DATE 8-19-55		24c. NAME OF CEMETERY OR CREMATORY Anderson Cemetery		24d. LOCATION (City, town, or county) (State) Anderson, Missouri.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 8-18-55		423		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			
_____		_____		C. S. Papp		Anderson, Mo.			
(Licensed Embalmer's Statement on Reverse Side)									

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 29 1955

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Carl Rapp*

Licensed Embalmer No. *2345*

P. O. Address *Anderson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.